

CLAIMS ONLY

Application Number _____

Filing Date

Applicant(s)

| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | |
|--------------|----------|--------|-----------------------|--------|------------------------|--------|
| | Indep | Depend | Indep | Depend | Indep | Depend |
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| Total Indep | 2 | | | | | |
| Total Depend | 16 | | | | | |
| Total Claims | 18 | | | | | |

| * May be used for additional claims or amendments | | | | | | |
|---|-------|--------|-------|--------|-------|--------|
| | Indep | Depend | Indep | Depend | Indep | Depend |
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| Total Indep | | | | | | |
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